Stow Affordable Housing Deed Restriction Program

Applicant Information

Additional comments:

Name:		
Address:		
Address of dwelling under consideration:		
Telephone number:		
Date of application:		
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Criteria		
Owner meets financial qualifications for affordable housing:	Yes	No
Land or dwelling is owned within a Trust:	Yes	No
Owner wants to remain in the home:	Yes	No
Owner is a municipal employee:	Yes	No
Site is constrained (flood plain, etc.):	Yes	No
Dwelling currently is/will be for sale:	Yes	No
Number of bedrooms in dwelling:		
Length of residency in Stow:		
Location of dwelling relative to other affordable units:		
Heating method:		
Square footage:		

Appraisal Results (Attach Appraisal Report)

Highlights:	Excellent	Good	Poor
Financial Consid		*********	***********
Appraised value:			
Current property taxes:			
Cost of deed restriction	n:		
Market value after purc	chase of deed restriction	:	
Property taxes after pu	rchase of deed restrictio	n:	
Ratio: deed restriction	price to appraised value	:	
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Recommendatio	ns		
Does not qualify.			
Qualifies. Recomme	nd funding now: \$		
Qualifies. Unable to	fund now; recommend f	unding at a future date	ə:\$